DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Delivered via email

July 2, 2020

Administrator
Meeker Memorial Hospital
612 South Sibley Avenue
Litchfield, MN 55355

RE: Survey Results
CCN: 241366
Cycle Start Date: June 23, 2020

Dear Administrator:

On June 23, 2020, a complaint investigation and a COVID-19 Focused survey was completed by the Minnesota Departments of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements related to the complaint and implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19, for Critical Access Hospitals and Swing Beds.

We are pleased to inform you that this survey resulted in no deficiencies being issued. Attached is your copy of the Federal Form CMS-2567 indicating your compliance with the Federal regulations.

Thank you for your cooperation.

Sincerely,

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered via Email

July 2, 2020

Administrator
Meeker Memorial Hospital
612 South Sibley Avenue
Litchfield, MN 55355

Re: Licensing Orders
CCN: 241366
Cycle Start Date: June 23, 2020

Dear Administrator:

On June 23, 2020, a survey was completed by the Minnesota Departments of Health to determine if your facility was in compliance with Federal participation requirements for Critical Access Hospitals. At the time of the survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted no violations of the licensing requirements.

Attached is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please note it is your responsibility to share the information contained in this letter and the results of the visit with the President of your Governing Body.

Feel free to contact me if you have questions related to this letter.

Sincerely,

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00370	A. BUILDING: _____ B. WING _____	C 06/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEEKER MEMORIAL HOSPITAL	**612 SOUTH SIBLEY AVENUE LITCHFIELD, MN 55355**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
6 000	Initial Comments In accordance with MN State Statute 144.55 Subd 3., for the purpose of hospital licensure, the commissioner of health shall use as minimum standards the hospital certification regulations. Meeker Memorial Hospital, was surveyed on June 18, 19, and 23, 2020, to determine compliance with Minnesota State Licensing Requirements during an abbreviated standard survey. Refer to the CMS 2567.	6 000		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	241366	A. BUILDING _____ B. WING _____	C 06/23/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEEKER MEMORIAL HOSPITAL	**612 SOUTH SIBLEY AVENUE LITCHFIELD, MN 55355**

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C 000	INITIAL COMMENTS An abbreviated survey was conducted on June 18, 19, and 23, 2020, to investigate complaint #H1366007C. The complaint was unsubstantiated. In addition, a COVID-19 Focused Infection Control survey was conducted 6/18/20, through 6/23/20, at your facility by the Minnesota Department of Health to determine compliance with §482.42 Infection Control. the facility is in compliance.	C 000		
E 000	Initial Comments A COVID-19 Focused Infection Control survey was conducted on June 18, 19, and 23, 2020, at your facility by the Minnesota Department of Health to determine compliance with Emergency Preparedness regulations at CFR §485.625, Subpart F, Conditions of Participation for Critical Access Hospitals. The facility was in compliance.	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.